

M21000013469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

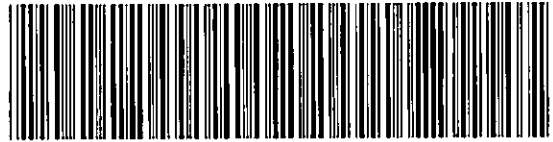
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 MAR - 7 PM 12: 10

2022 MAR - 7 AM 9: 45

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
TALLAHASSEE, FL

Amend  
Name  
chg

MAR 08 2022

ALBRITTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 529648 8361908  
AUTHORIZATION : *Squidleman*  
COST LIMIT : \$ 25.00

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ORDER DATE : March 4, 2022  
ORDER TIME : 9:10 AM  
ORDER NO. : 529648-005  
CUSTOMER NO: 8361908

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FOREIGN FILINGS

NAME: WELLS CAPITAL MANAGEMENT, LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: *CIA*

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Allspring Global Investments, LLC  
\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Wells Capital Management, LLC

Enter new principal office address, if applicable: 525 Market Street, 12 Floor

(Principal office address  
MUST BE A STREET ADDRESS)

San Francisco, CA 94105

Enter new mailing address, if applicable:  
(Mailing address  
MAY BE A POST OFFICE BOX)

525 Market Street, 12 Floor

San Francisco, CA 94105

2022 MAR -7 AM 9:45  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

2. The Florida document number of this limited liability company is: M21000013469

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/7/2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Allspring Global Investments, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

On behalf of Allspring Global Investments Holdings, LLC, Managing Member of Allspring Global Invest

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Sallie Squire</u>	<u>525 Market Street, 12 Floor</u>	<input checked="" type="checkbox"/> Add
		<u>San Francisco, CA 94105</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Molly McMillan</u>	<u>10715 David Taylor Drive, Suite 400</u>	<input checked="" type="checkbox"/> Add
		<u>Charlotte, NC 28262</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Joseph Sullivan</u>	<u>525 Market Street, 12 Floor</u>	<input checked="" type="checkbox"/> Add
		<u>San Francisco, CA 94105</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

David J. Bullock  
Signature of the authorized representative

David Bullock, Senior Vice President

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WELLS CAPITAL MANAGEMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALLSPRING GLOBAL INVESTMENTS, LLC" ON THE FIRST DAY OF NOVEMBER, A.D. 2021, AT 9:36 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



  
Jeffrey W. Bullock, Secretary of State

6245765 8320  
SR# 20220891786

Authentication: 202833049  
Date: 03-04-22

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)